## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

| 1. Entity Nam  | MENT # N00000008<br>RENEUR'S CLUB OF BRO   |  | INC.   |                                 |  |                                |   | 04-30-200   | 4 90376   | 037 ****   | 61.25                                    |
|--|--|--|--|---------------------------------|--|--------------------------------|---|---|---|--|--|
| Principal Place of Business 5720 MARGATE BLVD. MARGATE, FL 33063  Margate, FL 33093  Margate, FL 33093 |  |  |  | _                               | · · · · · · · · · · · · · · · · · · ·        |                                |   |   |   |  |  |
| 2. Principal P   | lace of Business   | 3. Mailing Address                                       |  |                                 |  |                                |   |   |   |  |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                                      |  |                                 |  |                                | 04282004 (  | Chg-NP  | CR2E03  | 7 (10/03)  |  |
| City & Stat  | е  | City & State   |  |                                 |  | <u>.</u>                       | 4. FEI Number<br>NOT APPL   | ICABLE  |   | <u> </u>   | plied For                                |
| Zip  | Country  | Zip  |  | Cou                             | untry  |                                | 5. Certificate of S   | <del></del>   |   | \$8.75 Add   |  |
|  | 6. Name and Address of Current   | Registere  | d Agent  |                                 |  |                                | 7. Name and Ad  |   |   | Fee Required                                       | 1  |
| SPIEGEL & UTRERA, P.A.   |  |  |  |                                 | Name   |                                |   |   |   |  |  |
| 343 ALME   | RIA AVENUE<br>ABLES, FL 33134  | ,  |  |                                 | Street Add                                   | dress (                        | P.O. Box Number is  | Not Acceptable  | <del>)</del>                                    |  |  |
| CORALGA  | ABLES, I E 33134   | -  | •  |                                 |  |                                |   |   |   |  |  |
| ı  |  |  |  |                                 | City   |                                |   | <u> </u>  | FL  | Zip Code   | <del></del>                              |
|  | named entity submits this statement fo   | or the purpo   | ose of changing its  | egister                         | ed office or r                               | egister                        | ed agent, or both, i  | n the State of Flo                                      |   | amiliar with,                                      | and accept                               |
| SIGNATURE .  | ions of registered agent.  Signature, typed or printed name of registered agent  | and title if appl  | icable. (NOTE:   |                                 | d Agent signature                            | required                       | when reinstating)   | ······································                  | DATE  |  |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2004  |  | 9. Election Carr<br>Trust Fund C   |                                 | -  |                                | \$5.00 May Be<br>Added to Fees  | Flor  | ida Depar                                       | payable to   | ate                                      |
| 10.  | OFFICERS AND DI  | RECTORS  |  | , 11,                           |  | /                              | ADDITIONS/CHAN  | GES TO OFFICE   | RS AND DIF                                      | RECTORS IN   | 10                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD  BAKER, PAUL  5720 MARGATE BLVD.  MARGATE, FL 33063   |  |  |                                 | E<br>ME<br>EET ADDRESS<br>ST-ZIP             |                                |   | *   |   | ☐ Change   | Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>KAUFMAN, OWEN<br>19005 S. OCEAN BLVD<br>POMPANO BEACH, FL 33062  |  | ☐ Delete   |                                 | 1  |                                |   |   |   | ☐ Change   | Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TD PEEPLES, BROOKSIE 5720 MARGATE BLVD. MARGATE, FL 33063  |  | □ Delete .   | 1                               | í  |                                |   |   | ,   | ☐ Change   | ☐ Addition                               |
| TITLE NAME - STREET ADDRESS CITY-ST-ZIP  | SD<br>ROUSËR, ANITA<br>2650 N ANDREWS AVE<br>FORT LAUDERDALE, FL 33305   | 5  | □ Delete   |                                 | 1  |                                |   |   |   | ☐ Change   | ☐ Addition                               |
| 1ITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | Delete   |                                 |  |                                |   | ı   | Zu.   | Change   | Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Robert PANISTA<br>300 S PINE ISTA<br>PLANTATION FI   | 333  | Delete<br>2 H 215  | TITU<br>NAM<br>STRE             | E  |                                | *** ,   | ,   | <b>7.</b>                                       | Change   | Addition                                 |
| 12. I hereby indicated of the corchanged   | certily that the information supplied with<br>d on this report or supplemental report it<br>portation or the receiver or trustee emp<br>, or on an attachment with an address, | n this filing<br>s true and<br>owered to<br>with all oth | does not qualify for<br>accurate and that m<br>execute this report a<br>er like empowered. | the exe<br>ny signa<br>as requi | emption state<br>iture shall havined by Chap | ed in Se<br>ve the<br>oter 617 | ection 119.07(3)(i), f<br>same legal effect a<br>7, Florida Statutes; | Florida Statutes.<br>s if made under<br>and that my nam | I further cer<br>oath; that I a<br>e appears in | tify that the in<br>am an officer<br>n Block 10 or | nformation<br>or director<br>Block 11 if |
| SIGNAT   | URE: SIGNATURE AND TYPED OR  | PRINTED NAM  | E OF SIGNING OFFICER (   | OR DIRECT                       | TOR  |                                | 4/2   | 8/04<br>Date  | 454-  | 477-3<br>aytime Phone *                            | 584                                      |